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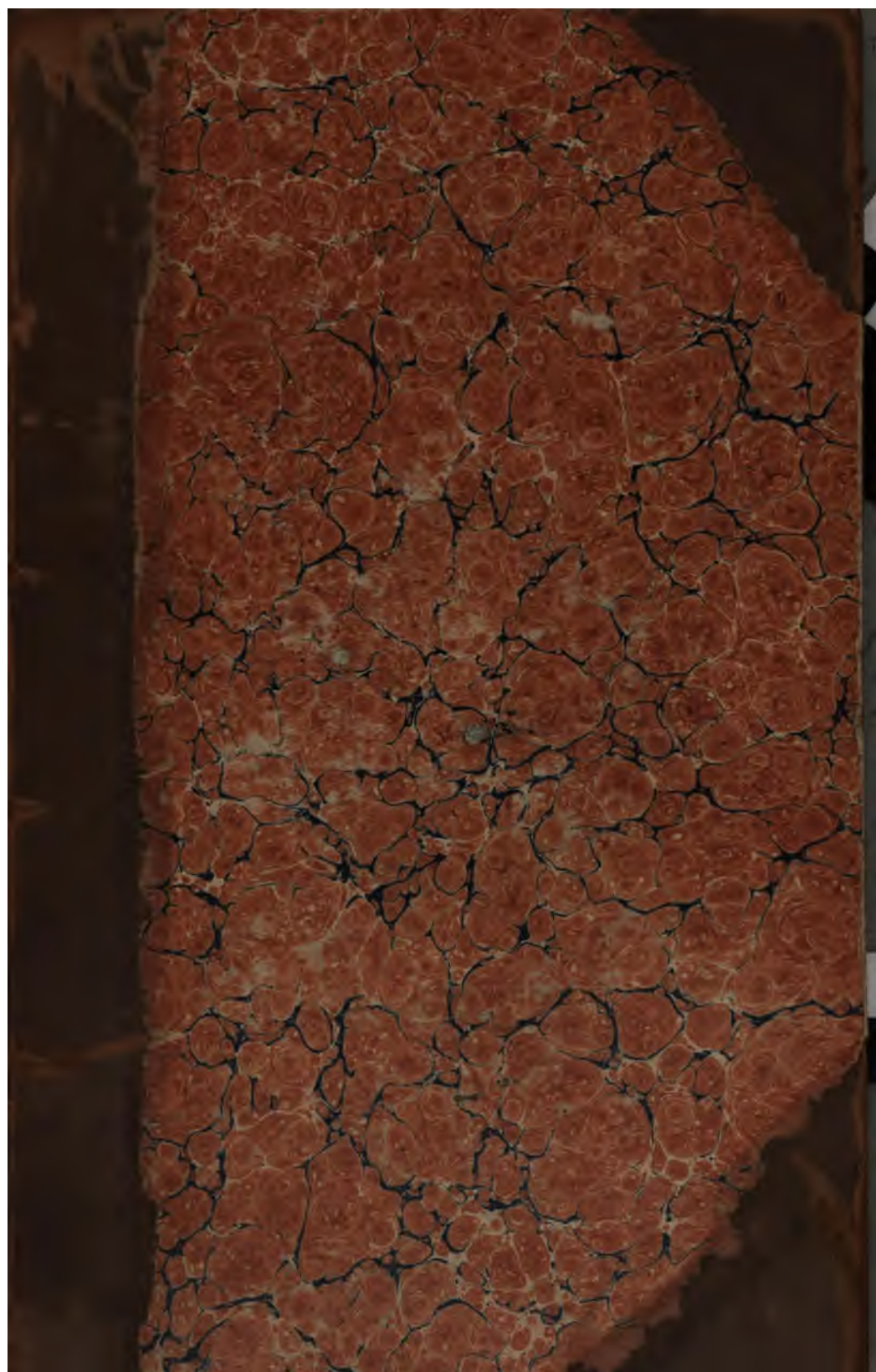
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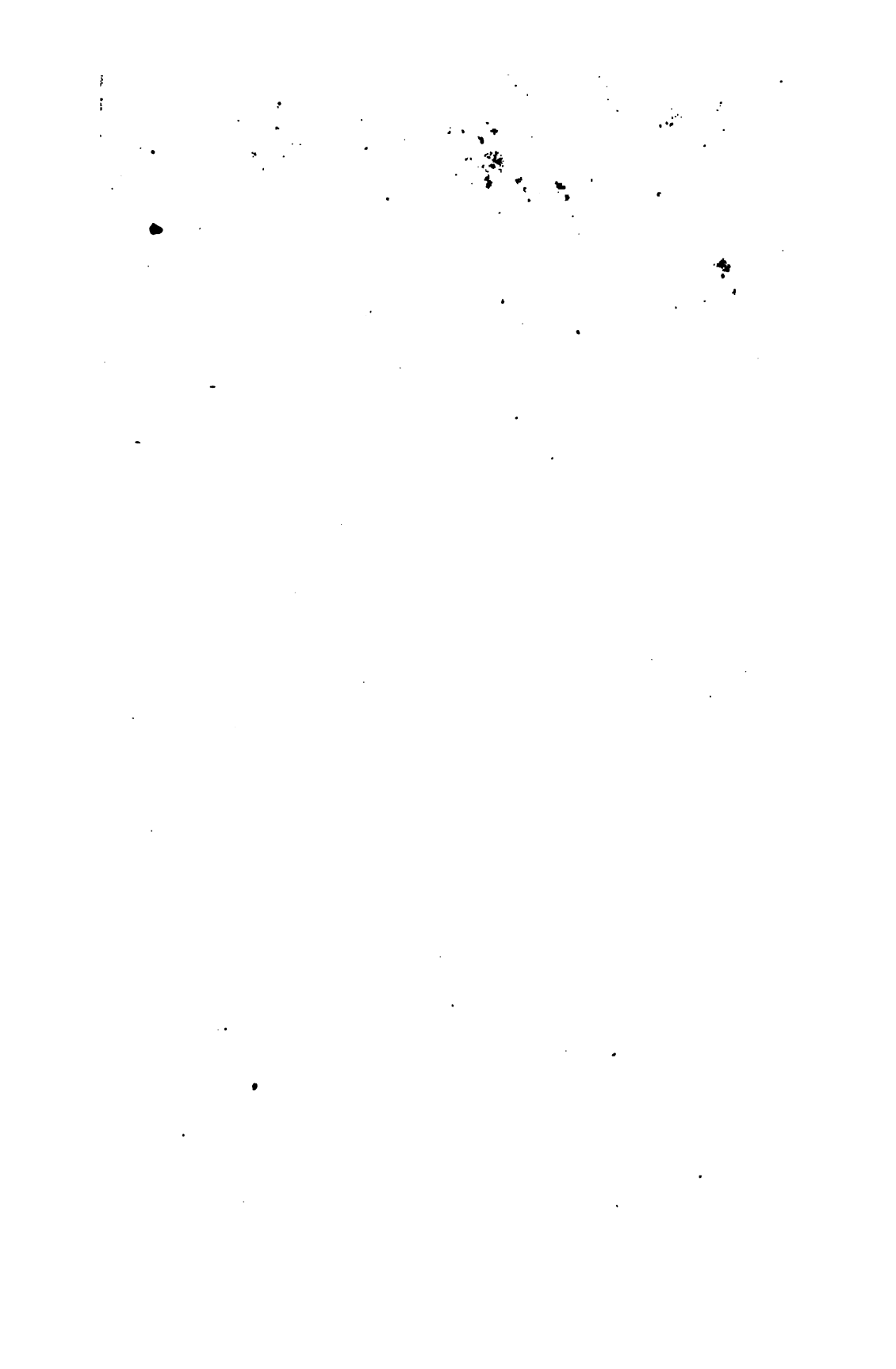




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**AN ESSAY UPON THE TREATMENT**  
**OF THE**  
**DEEP AND EXCAVATED ULCER.**

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W. WILSON, PRINTER, 27, SKINNER-STREET, LONDON.

AN

*54. 1830*

ESSAY

UPON THE TREATMENT

OF THE

DEEP AND EXCAVATED ULCER:

*With Cases.*

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BY

 RICHARD ANTHONY STAFFORD,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS, AND LATELY HOUSE-  
SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

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1829.

*Price Five Shillings.*

*703.*



## **Dedication.**

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TO

**JOHN PHILLIPS, ESQ.**

**SURGEON EXTRAORDINARY TO THE KING—TO HIS MAJESTY'S  
HOUSEHOLD—TO THE ST. MARY-LE-BONE INFIRMARY,  
&c. &c. &c.**

**MY DEAR SIR,**

As most of the cases I have now laid before the public occurred in the St. Mary-le-bone Infirmary, and as it was through the kindness of yourself, and your son, Mr. Charles Phillips, that I was enabled to employ the remedy for Ulcers which I have recommended in the following pages, I beg to dedicate this little treatise to you, and to assure you, that I not only feel grateful for the favours I have received at your hands, but honoured by your friendship, remaining, with much esteem,

**Your obliged and obedient Servant,**

**R. A. STAFFORD.**

**12, SACKVILLE-STREET,  
May 30, 1829.**

the same time, the fact that the same person can be both a subject and an object of a relation is not a contradiction. For example, a person can be both a subject and an object of a relation of love. This is not a contradiction because the relation of love is not a contradiction. The fact that a person can be both a subject and an object of a relation of love is not a contradiction because the relation of love is not a contradiction.

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**AN ESSAY**

**UPON THE TREATMENT**

**OF THE**

**DEEP AND EXCAVATED ULCER.**

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ULCERS have been classed, by systematic writers, under several specific varieties; and for each of these has been recommended a particular mode of treatment. On the present occasion, it is my purpose to confine my observations to those in which the ulcerative process has been carried on to so great an extent, that it has eaten deeply into the substance of the flesh, and thus a cavity has been formed.

Among these may be enumerated the open Bubo, which has burrowed deeply ; and excavations which have been formed by the rapid destruction of the part by sloughing phagedena, or from any other cause ; old indolent ulcers of the legs ; indolent and deep ulcers arising from scrofula,—in short, such as are situated in any part of the body where considerable substance has been lost. Sores of this description are usually extremely slow in healing ; their edges are ragged ; their surfaces irregular, being made up of little cavities, or terminating in sinuses ; they are also exceedingly foul, and commonly covered by a dirty brown, or yellowish matter, the consistence of which is more or less thickened, and which becomes lodged in the cavity. Under these circumstances, it is extremely difficult to make them granulate ; and whatever remedy may be applied, the ulceration gradually extends, or the sore

remains stationary, without either increasing or diminishing.

To account exactly for this deficiency in the restorative power of the part, would not be an easy task. It may depend upon a variety of causes, and is probably owing either to a peculiar state of the health of the individual ; to a more than ordinary languor of the capillary vessels of the ulcer ; or, perhaps, to an irritation being kept up by a lodgment of acrid matter in the cavity. Such a character of sore may likewise arise from exposure to the air, or possibly from that want of support which we are enabled to give to those which are more accessible to external application. Be it, however, what it may, of this we are certain, that no ulcer occurs over which the science of surgery has less controul, or where we are

more at a loss to find a remedy for its cure, than the one I have just described.

The treatment which I am about to recommend is extremely simple; and we shall find, upon inquiry, that its action is founded on just principles, and according to the laws which nature herself pursues. It consists in pouring into the excavation melted wax, of an extremely adhesive quality, and just at that temperature when it is on the point of cooling, and will immediately become solid in the wound. In this manner the under surface of the wax, when cold, comes into close contact with the general surface of the ulcer, and the whole excavation is filled by it. Before employing it, however, it is necessary that one or two precautions should be taken: first, in order to clean the sore, as much of the pus as possible which rests upon it

should be absorbed by dry lint ; and secondly, in order to avoid burning the patient, the wax should be at that point of heat which is called by chandlers *setting* ; that is, a portion of it should cling to the sides of the vessel in which it was melted, and the rest should begin to thicken, and have somewhat of an opaque appearance. In this state it will not be at much more than blood heat, and it can be used with perfect safety. It is advisable, however, even when so far cooled, that a brush be dipped in it, and that the wax be allowed to drop from that into the sore. After the wax becomes perfectly solid in the ulcer, a strip or two of adhesive plaister may be applied over it, to keep it in its situation ; when it may be left until it requires to be dressed again, which will be on the third day after its application. By pursuing this method of treatment, it will be found that healthy granulations will be produced, and

appear upon the whole surface of the sore ; that it will contract ; and that the healing process will proceed very rapidly.

It is probable that the explanation which would commonly be given of this method of treatment would be, that the air is completely excluded by these means from the part affected, and that there is an uniform pressure kept up upon the ulcer. This explanation is, to a certain degree, satisfactory ; but still I am inclined to think, that the effect produced does not entirely depend upon such cause. There are certain laws in the animal economy by which extraneous matter is expelled from the body ; and it appears to me that the wax, being a foreign substance lodged in the excavation of the ulcer, becomes subjected to these laws. The received opinion, in the present day, of the mode by which an extraneous body is expelled from the mass

of the flesh is, that the part situated above it, and nearest the surface, is progressively absorbed. Mr Hunter remarks\*, "It is by progressive absorption that matter or pus, and extraneous bodies of all kinds, whether in consequence of, or producing inflammation and suppuration, are brought to the external surface ; it is by the means of this that bones exfoliate ; it is this operation which separates sloughs." So far as this explanation goes it is good ; but it only describes half the process. Nature does more : she not only makes way for the removal of the dead part by the agency of ulceration, but forces it, as it were, away from her. According to the idea I myself have formed of this process, the part immediately above the foreign body ulcerates, and from beneath it a new growth is established, which pushes it on until it arrives

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\* Hunter on the Blood, vol. ii. p. 287.

at the surface. If this were not the case, how could we account for adventitious substances being discharged from the body? They themselves can have no power of motion, and the part ulcerating immediately above them could not alone admit of their escape; for, allowing that the ulceration completely extended to the superficies, the unnaturally introduced matter would still remain in the same situation. It is a well-known fact, that pins which have been swallowed will traverse every portion of the body, and will at length be discharged in various parts of it. By what means can this be effected, for the pins, being passive, cannot move of themselves? They must be acted upon by something; and the only explanation I can offer of this phenomenon is, that ulceration takes place at one end of the pin, while at the other, namely, that part of it which is situated deepest, is impelled forward by a new

growth till it finally arrives at the surface. It is true, that the pin passes out by a circuitous route ; for as Mr. Hunter very justly observes, when speaking of foreign bodies making their way to the surface\* : “Some parts, from their structure, are more susceptible of this irritation than others ; and we find that those parts, composed of such structure, are often absorbed, though they are not in the shortest road to the skin.” In this manner may the circuitous route of the pin be explained ; for it would, of course, follow the road that was made for it. But, to express my meaning in more simple language, let us suppose, for example, that a piece of dead bone, or foreign matter, is lodged in the fleshy part of the thigh—How will nature throw it off? First, the part above it will ulcerate ; and secondly, a new growth will take

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\* Hunter on the Blood, vol. ii. p. 296.

place from beneath it; whereby, not only will the bone be forced on, and thus, by the pressure it makes above, the ulceration will be continued, but the cavity which must necessarily be made by it will in this manner be filled up.

When an extraneous body is buried in the substance of the flesh, the process by which it is expelled cannot be seen; but when the death of a part (which consequently becomes a foreign body) takes place on the surface, we may see the progress of nature in the operation. The mortified part is first separated from the living by ulceration, which forms a kind of *cordon sanitaire* all around it, gradually extending beneath it, from the edges to the centre; and as fast as the separation takes place, granulations spring up from the interior of the excavation, and by the time the whole process is completed, the

cavity is nearly filled by them. In this manner the mortified part is protruded by the granulations, and expelled from the situation it previously occupied. This fact, although but slightly alluded to, and spoken of only in contra-distinction to the mode in which an extraneous body is discharged through a fistulous passage, does not appear to have escaped the observant eye of Mr. Hunter, for he says\*, “This effect in such sores does not arise from *granulations* forming at the *bottom*, and gradually *raising* the *extraneous body* as *they form* (which is commonly the case with *exfoliations* and *sloughs*); but we find extraneous bodies come to the skin when the bottom of the wound is not granulating.” This passage at once illustrates the view I have taken of the process; for it may be observed, when a slough is removed, that

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\* Hunter on the Blood, &c. vol. ii. p. 361.

the sore is usually covered by healthy granulations, and that it would be difficult to make it correspond with the cavity from whence it was discharged. Thus nature not only effects the separation, but at the same time, by this double process, throws off the extraneous body.

It is to this second process, viz. the springing up of granulations upon the surface of the ulcer, to throw off the extraneous matter resting upon it, that I am more particularly alluding, as connected with the effect of the wax, and upon which I ground the basis of my treatment. The wax may be considered to be the foreign body, or mortified part, separated from, but in close contact with the ulcer; and, as it is one of nature's laws to throw off extraneous matter, granulations are engendered upon its whole surface to effect this purpose; and thus a natural process is

imitated. That this is the case, may be inferred from the solid wax, after a time, being found partly thrust out of the cavity ; and if removed, it cannot be made to adapt itself as before. What I have just observed is beautifully illustrated by the exfoliation of bone from the cranium : large portions of the external table die, and exfoliate from the inner table. On removing the dead portion, it is usually found that it rests upon florid healthy granulations, which have not only pushed it away from that which was sound, but have imprinted their figure upon its surface. Here, then, is the exemplification in question : the dead bone is the foreign body ; granulations are formed upon the living portion of the skull, and thrust it away from it ; and the phosphate of lime becomes partly absorbed, and hence arises that imprintation of their form upon its surface.

Having endeavoured to explain what I conceive to be the process of the healing of an ulcer, when filled with the wax, I shall now point out, first, the progress by which it heals; secondly, the superiority of this plan of treatment; and thirdly, the cases where its adoption might be advantageous.

With regard to the progress by which a sore heals, according to this or any other method of treatment, it is impossible to lay down any precise rule or time, as this must in some measure depend upon its character, its size, the health of the patient, &c.; but the stages by which the reparative process is usually carried on, when treated with the wax, is as follows:—On the removal of the first dressing, the sore generally presents a cleaner surface, being more reddened; and sometimes even in the early stages granulations are distinguish-

able. After the second dressing they are commonly spread over the whole surface of the sore; on the third they partly fill up the cavity, which is much contracted; on the fourth it appears still less; and so on until it is completely closed, and then the skinning process commences. During the course of healing, likewise, it may be observed, that the granulations are smaller, more compact, and more florid. The cicatrix also presents a more even surface; it is of a firmer texture, less tender, and does not appear so likely to break out again as the soars of those ulcers which have not been treated according to this plan.

The superiority of this plan of treatment is, that the sore is healed much more quickly, being, in fact, so rapid, that it is accomplished in one-third of the time usually occupied, and with much

greater certainty than where the common methods are employed. It succeeds also where no other remedy will, as may be seen by the cases. It excludes the air from the wound, shielding it at the same time from external objects ; it makes equal pressure upon its surface, and thus supports its tender vessels ; and it imitates the process which nature herself pursues, the healing of a sore by scabbing. All these are of great use ; for, in the first place, by the exclusion of the air, much irritation and pain is avoided ; in the second, by the support it gives to the tender vessels of the ulcer, the cicatrix is of a more firm and solid texture ; and in the third, by the scabbing process, it is healed in a more regular manner. In addition to these advantages, the pain, when the wax is upon the sore, is so little, that many of the patients have informed me that they have

been almost unconscious, not only of its presence, but even of the existence of the sore itself.

The cases where the plan of treatment I have recommended might be advantageous are, the open and excavated Bubo; ulcers of the legs; indolent scrofulous sores; excavations in the flesh, in consequence of sloughing phagedena; ulcers situated over large arteries; sinuses, and fistulous passages, that have been laid open; the sores left by extensive burns, broken chilblains, and, in short, those of any depth, from whatever cause they may arise. In most of the cases I have just enumerated, the wax has been employed; but more particularly in ulcerated legs, open Buboës, and scrofulous sores. In these, of whatever character or description they may have been, the treatment has succeeded, and the healing process has been forwarded with

greater rapidity than where the ordinary applications have been used. Its utility does not appear to be confined to any one particular state of the ulcer. When it is extremely foul, and even covered by a sloughy matter, as in Butler's case, on the removal of the wax it has presented a clean surface. Where the ulceration has been extending, its progress has been immediately arrested, and it has shewn a disposition to heal. When the sore has been connected with varicose veins on the leg, it has been attended with equal advantage; and when its character has been of so languid and indolent a nature, that no remedy could excite a healthy action, the stimulus and support of the foreign body, that is, the wax, has, as it were, like a charm, produced strong and florid granulations.

Although there are very few species of

ulcers where this method of treatment might not be successful, yet it offers peculiar benefit in many cases which before defied all other remedies: for instance, in sores situated over large arteries, where there is a danger of the ulcerative process being continued into the vessel. Such cases are not uncommon; and, to my own knowledge, several patients have died in consequence of every application having proved ineffectual to stop its progress. In these instances it is customary to apply stimulating remedies; but every practitioner must have observed, that such dressings have too often accelerated the catastrophe they have intended to ward off. Here, then, the use of the wax might be of singular advantage, by producing healthy granulations, and, at the same time, protecting the artery. The same plan of treatment might likewise be resorted to in all extensive sores, such as burns; and thus

not only might they be made to heal more quickly, but they would likewise be shielded from objects around them. There are some species of ulcers, also, whose peculiar character it is to spread ; for instance, herpetic sores, noli me tangere, and cancerous ulceration ; and if the principle which I have pointed out as to the action, which this plan of treatment induces in the ulcer, be correct, it might possibly be of infinite service in these cases, in putting an end to, or at least stopping the progress of, the ravages of the disease ; and more particularly when it is extending itself into parts so full of blood vessels, that there is reason to apprehend the death of the patient from hæmorrhage. I have not had an opportunity of employing it in any of these cases, excepting in cancerous ulceration, where its effects in producing granulations (which will be seen by the cases) was extraordinary ; consequently, I

am unable to bring forward any facts to establish its utility, and therefore I merely offer these remarks as a suggestion.

In conclusion, it is almost needless to say, that whatever local treatment may be applied to an ulcer, it is necessary to attend to the health of the patient; and although in most of the cases where the wax was used, only purgatives were occasionally given, yet, if the health be deranged, constitutional treatment must likewise be resorted to. I shall now relate only a few of the cases, to illustrate the principle I have been advocating, taking them in the rotation in which they occurred; but would first observe, that the plan has been so successful, and in such a variety of instances, that my friend, Mr. C. Phillips, almost always resorts to it in the cases that occur in the St. Mary-le-bone Infirmary.

## ULCERATED LEGS.

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### CASE I.

JOHN COVILL, ætat. 49.—Feb. 1828.—  
This man has had an extensive ulcer of the leg for 25 years. About ten years ago it healed for a short time; but it broke out again almost immediately, and has remained open ever since. The sore, as it now exists, occupies nearly the whole space between the calf and the ankle, and extends nearly all round the circumference of the leg. It is about one-third of an inch in depth, of an excessively foul character; and the discharge issuing from it is extremely offensive. Applications of every description have been employed, without its shewing the least disposition to

heal, or to change its character. Under these circumstances, and as the man had been crippled by it for many years, it was proposed that the limb should be amputated. The patient, however, would not consent to the operation.

From observation, I had always found, that when mortified parts had been separated from the living, that the surface beneath was usually covered by healthy granulations, and that the excavation was nearly filled by them ; and thus the wound quickly healed. It occurred to me from this circumstance, that the process which I have endeavoured to describe in the foregoing pages might be imitated. I therefore procured some wax, of as adhesive a quality as possible, melted it, and as it cooled, poured it into the ulcer. The patient immediately expressed relief from its application, and it was left on the sore three

days. On the fourth, when it was about to be removed, it was found to be slightly raised; and on taking it away, the surface of the ulcer was seen, to the astonishment of every one, covered by granulations, and its depth was considerably diminished. These granulations were much smaller than those on healthy sores in general, being about the size of small shot; they were much more regularly disposed, and they were of a beautiful florid red colour.

Feb. 17.—The sore was again dressed with the melted wax, and on the fourth day was removed. The wound still presented the same appearances as when last seen, excepting that about two-thirds of the excavation was filled up. The application of the wax was continued.

Feb. 21.—The granulations were equal with the surface of the leg; they still re-

tained their diminished character, and their florid hue.

Feb. 25.—The sore had healed one-fourth of an inch all around its circumference, the granulations still having the same appearance.

Feb. 28.—The sore still less.

March 2.—The sore is only half the size it was at first, and the healing process is proceeding very rapidly.

About a fortnight from this time the man was discharged perfectly cured. The cicatrix was much firmer, and more regular than that of ulcers in general. The medical treatment was simply keeping the bowels regular.

## CASE II.

MARY BUTLER, æt. 68.—March, 1828.—

Has extensive ulcers, of considerable depth, on both legs, which broke out about thirty years ago, and have been open for these last six years. They are four in number, two on each limb. On the right leg they are situated immediately above the external and internal ankle. That on the external side measures four inches in length, and two in breadth; and that on the internal is rather smaller. On the left leg the ulcers are, singularly enough, situated exactly in the same place; but they are in size about one-third less. All these sores are deep, painful, and of a most irritable character; and those on the right leg are covered by a sloughy matter, which is adherent to them; while on the left they

are only foul. The surface of the lower part of the legs is also of a highly-reddened colour, shining, and smooth to the touch.

March 24.—The ulcers were dressed with the melted wax : on March 27, it was removed. The sores on the right leg were quite clean, and the sloughy matter upon them came away with the wax. On the left leg granulations were distinguishable. All the ulcers had been much easier since the application of the wax.

March 30.—The surface of each sore was covered by healthy granulations, and the cavity was partly filled by them. They were of a diminutive character, and extremely florid.

April 2.—The excavations of the ulcers on the left leg were nearly obliterated by the granulations. Those on the right were

also much in the same state, but not so far advanced.

April 5.—Granulations were even with the surface on the left leg. On the right the cavities were not quite filled up.

8.—The healing process had begun at the edges of the ulcer on the left leg. On the right, granulations were even with the surface. All the ulcers were much contracted.

11.—The ulcers on the right leg were now beginning to heal, and those on the left still diminishing in size.

14.—The skinning process of all the ulcers proceeding very rapidly.

17.—A continuance of the healing process.

20.—The ulcers on the left leg half-healed ; those on the right about one-fourth.

On the 16th of May this patient was discharged cured ; and she has remained well ever since, being under treatment seven weeks. The cicatrices were firm and even. The only medical treatment of this case was, occasional purgatives.

## CASE III.

ELIZABETH SMITH, ætat. 25.—Feb. 20, 1828.—The whole of this girl's leg, from immediately below the knee to the ankle, is covered with small foul ulcers, which discharge a nasty acrid matter, that clings to the surface of the skin in scabs. The skin itself, likewise, is diseased, being red, cracked, and rough.

The upper part of the leg (that situated over the tibia) was covered with the melted wax, and the ulcers filled with it ; and that on the under surface was dressed as usual. On taking off the second dressing of the wax, on the 5th day, it was found that not a vestige of an ulcer, or disease of skin, remained ; while those underneath, and which were not dressed with the wax, remained open. These were treated in the same manner as the others, and in a week the patient was discharged perfectly cured.

## CASE IV.

MARY TUCKER, æt. 59.—April, 1828.—

In this case an extremely painful ulcer, of about the size of a five shilling piece (having been open about eight years, accompanied by varicose veins), was situated immediately above the external ankle. It was very deep and foul, and its edge of a wiry character. Around it, also, for a considerable distance, the skin was of a deep dusky red colour.

April 3.—The melted wax was applied ; and when it became cool, the patient expressed great relief. On the 6th it was removed, and the sore was much cleaner, having a reddish appearance on its surface ; but no distinct granulations were perceptible. On the 9th the sore presented a healthy appearance, and the cavity was

partly filled by granulations. On the 12th granulations were equal with the surface ; and in three weeks the patient was discharged from the hospital cured.

## CASE V.

MARY THOMAS, *ætat.* 52.—About four years ago this woman was admitted into St. Mary-le-bone Infirmary, with extensive ulcerations on both legs. At that time they were of a phagedenic character, and spreading very rapidly. The nitric acid was used, and the phagedenic character ceased; but the ulcers left behind, after various applications and constitutional treatment, would not heal. It was therefore advised that the patient should go into the country, with the hope of improving her health. This she did, and got admitted into the Bristol Infirmary: here the ulcers on her left leg healed, but that on the right still remained open. When she had been in the Bristol Infirmary about nine months, it was proposed that the leg

should be amputated, as the ulcer would yield to no treatment that had been employed, and the patient was suffering much pain, and was greatly reduced in bodily strength. She would not, however, consent to the operation, but came to London immediately, and was admitted again into the St. Mary-le-bone Infirmary, where she remained for several months, and every remedy that could be thought of was tried. A consultation was held upon her case, and it was proposed to remove the limb. About this time, however, the treatment of ulcers by the melted wax was introduced, and it was considered advisable by the surgeon, Mr. C. Phillips, to make a trial of this plan first. The sore at this time was rather larger than the palm of the hand—was extremely foul; and the stench from it was so disgusting that the patient was hardly approachable. The leg had a shrivelled appearance, in consequence of the scars

left where the ulcer had formerly spread. Her leg was now dressed every second day with the melted wax. The sore immediately began to assume a healthy character, and to heal; and in a month she was discharged cured.

N.B.—I have seen this patient within a few weeks of this time, and the wound continues healed.

February, 1829.

## CASE VI.

**ELIZABETH FENTON**, ætat. 44.—April, 1828.—In this case there are two ulcers ; one about the size of the palm of the hand, and the other of a penny-piece, both situated on the outside of the right leg. They have been open about ten years ; and they are at present extremely painful, foul—being covered by a dirty greenish matter—and of considerable depth.

April 12.—The wax dressing was used ; on 15th, the sores were cleaner, and less painful ; 18th, both were covered by small florid granulations ; 21st, the cavities of the ulcers were partly filled up ; 24th, the sores were much contracted ; 27th, granulations were equal with the surface ; 30th, the skinning process had commenced ; and on May 16th the patient was discharged, both ulcers being soundly healed.



## CASE VII.

GEORGE CONNEL, ætat. 47.—April 2, 1829.—Was admitted into St. Mary-le-bone Infirmary, with a large sore on the outside of the left leg. It measures seven inches in length, and about four in breadth, and is extremely foul and deep. On April 5th it was dressed with the melted wax; on the 7th the sore was much cleaner; on 9th it was covered by healthy granulations; on the 11th it had began to heal at the edges; on 13th it was still more healed; and by the end of the month it had completely cicatrized, and the man was discharged cured.

**CASE VIII.**

**APRIL, 1828.**—John Riley, æt. 40, has a deep ulcer on the right leg, about the size of a five-shilling-piece. The wax dressing was began on April 2; and so rapidly did this sore heal, that the man was discharged cured on the 14th of the same month.

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**CASE IX.**

**APRIL, 1828.**—Thomas Groves has two large ulcers on the right leg, similar in character to the last; these were dressed with the wax, and in less than a month they were firmly healed.

## CASE X.

JAMES CORMOODY, ætat. 59.—April, 1828.—This man has a deep, foul, painful ulcer, about the size of a five-shilling-piece, on the left leg, situated just above the internal ankle, and accompanied by varicose veins. After the first application of the wax the sore was much easier; and on its removal it was cleaner. On the 2d its surface was slightly reddened; on the 3d small pointed granulations were just distinguishable; on the 4th they were more perceptible; on the 5th the sore was somewhat contracted; on 6th the cavity was partly filled up; on 8th the ulcer was nearly level with the surface; and in six weeks it was completely healed.

## CASE XI.

APRIL, 1828.—Richard Stackman, ætat. 49, has an ulcer just above the internal ankle, about the size of the palm of the hand. It is exceedingly painful and deep, and is accompanied with varicose veins. Its surface also is covered by a dirty brown discharge ; and it has been open for several years.

So rapidly did the healing process of this ulcer proceed, that on the removal of the first dressing its surface was covered by healthy granulations ; and after six applications of the wax, it was firmly cicatrized,

## CASE XII.

DAVID WILLIAMS, æt. 70, was admitted into the St. Mary-le-bone Infirmary on April 16, 1829, with a large ulcer on the inside of the leg, near the ankle. It was three inches in breadth, and five in length; and had been open six months, discharging a very offensive sanious matter. Poultices were ordered for three or four days, with a solution of chloride of soda as a wash; these succeeded in diminishing the offensive fœtor, without exciting the healing process. April 20, the wax was applied, and removed on the 22d; still the wound exhibited a smooth shining surface. The wax was again applied; and on its second removal the polish on the surface began to disappear. On April 30, small pointed

granulations could be distinctly discerned on every part of the sore ; and at this present time, May 11, they are equal with the surrounding surface, and the skinning process is commencing.

## CASE XIII.

MARGARET SMYTH, ætat. 54.—April, 1829.—Has a sore about the size of the palm of the hand, on the calf of the left leg, mid-distant between the knee and the ankle, and just below the tibia. It is about an inch in depth, the ulceration having extended itself quite through the cellular substance and fascia, to the muscles beneath; and is covered by a greenish sloughy matter. It is extremely painful; and the veins also of the legs are varicose. Poultices were first ordered, but with little benefit; since this the Tinct. Benzoini Comp., the Ung. Resinæ Flavæ, and other stimulant applications, have, without effect, been employed. May 4, Sore was filled with the melted wax; the patient expressed great relief, as she had not slept for several nights before. On the removal of the wax on the second day, the sloughy matter was separated from the sore, and it presented

a clean surface. The ulcer was again filled with the wax, and on May 9th it was taken away. Granulations had now half-filled up the cavity, and they were extremely small, and of a bright florid hue. On May 15, the granulations were equal with the surface; and on the 18th the ulcer was nearly healed.

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From one hundred and fifty to two hundred cases of ulcerated legs have now been treated with success, according to this method. It is unnecessary, however, to give any account of them, as it would only be repetition of the same facts. The cases here related are sufficient to establish the principle upon which the healing of a deep ulcer is accomplished, when filled with the wax in the manner I have recommended.

## EXCAVATED

## BUBOES OF THE GROIN.

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CASE I.

PHILIP QUINLAN, ætat. 25.—Feb. 20, 1828.—Has an indolent excavated sore in the right groin, in consequence of Bubo. It is in length about one inch and a half; in breadth rather more than half an inch; and in depth two-thirds of an inch. Its edges are ragged, and it is of an extremely foul character, being covered by a dirty yellow discharge. It has been in this state for more than six weeks, and no application hitherto used has changed its character, or disposed it to heal.

The melted adhesive wax was applied, and the whole excavation filled with it. No pain was experienced ; and during the whole time it remained on, the sore was easier.

23.—The wax was removed, and the sore was much improved. Granulations had sprung up from the bottom, and one-third of the sore was filled by them. It was again used as before.

Feb. 25.—The cavity was filled about two-thirds, and the ulcer was much contracted. The edges were less ragged, and the whole surface was covered with healthy florid granulations.

28.—The excavation was entirely obliterated.

March 2.—The size of the wound was

much contracted, and the skinning process beginning to take place at the edges.

5.—It is half-healed, much contracted, and its surface very regular.

8.—All but healed.

11.—Quite healed. The cicatrix is much firmer than common; it is smooth, and there are no ragged edges.

## CASE II.

WILLIAM M'CARTNEY, ætat. 20.—Feb. 1828.—Having had the venereal disease, two Buboës arose in consequence; these first formed in December, 1827, and broke in the beginning of January, 1828. Since this period (two months), on both sides of the groin very considerable excavations have taken place; in addition to which, also, there is another in the inguinal glands of the left thigh. Both the sores in the groins are very deep and extensive; that on the left being about five or six inches in circumference, and that on the right three or four. They are all extremely foul, having a dirty yellowish discharge upon them; their edges are ragged, and their surfaces very irregular. The ulceration is on all sides gradually extending, and the

skin surrounding it is for some distance of a deep red colour. The sores are extremely painful, and the patient is in a miserable condition. Poultices, opiates, and all the remedies hitherto known, were employed without the least benefit.

Feb. 25.—The wounds were filled with the melted wax ; and when it had become quite cool, the patient expressed that he felt great relief, and was much easier than he had been for many weeks.

March 2.—The dressing was removed, and the surfaces of every one of the sores were covered by granulations, secreting healthy pus ; their edges were beginning to assume a more regular appearance, and the redness around them was much diminished. The wax was re-applied.

March 5.—All the excavations were

much diminished and contracted ; and the wound in the inguinal glands, which was not so large as the others, was nearly healed. The healing process was proceeding very rapidly.

March 8.—The cavity of the right groin quite filled up, and level with the other surface, and that of the left nearly so ; they are both very much contracted. Treatment continued.

12.—The wounds are still improving, and the skinning process is commencing at the edges.

15.—The sore at the inguinal glands quite healed ; the others going on well.

22.—Both the sores half-healed. In about a week from this time the man was discharged perfectly well ; and all the ulcers had healed in the most regular manner.

## CASE III.

JOHN SMITH, ætat. 23.—May, 1828.—  
This man has had, for nearly three months,  
an excavated sore in the right groin, in  
consequence of the formation of a Bubo.  
It is about two inches in length, two-thirds  
of an inch in breadth, and varying from  
one-fourth to one-third of an inch in depth.  
It is extremely painful and foul, and the  
edges are very irregular.

A great variety of remedies have been  
applied to the sore, but without its show-  
ing the least disposition to heal. The ex-  
cavation was therefore filled with the  
melted wax, which was allowed to remain  
in it for two days. On the third it was  
removed, and the sore was much cleaner ;  
and there was a reddish appearance on its

surface, but no granulations. The wax was again used, and removed at the same interval of time. Granulations had now sprung up on the surface of the sore, and it was much contracted. The dressing was repeated, and when removed, the sore was half filled up. On the third day from this time the excavation was entirely obliterated, and the circumference of the sore much diminished. In less than three weeks from the period in which this treatment was first employed, the wound was quite healed ; the cicatrix was firm and regular.

## CASE IV.

R. B. ætat. 27.—June 2, 1828.—In this case there is an open Bubo in the left groin, of the same description as the last. It is about one inch and a half in length, half an inch in breadth, and one-third of an inch in depth; it is very foul, has ragged edges, and an uneven surface. The wax was employed, as in the former cases, at regular intervals; the sore progressively healed; and in a month the patient was quite well.

## CASE V.

SARAH M., ætat. 20.—This girl has an excavated sore in the right groin, which has been under treatment for about four or five months. At first there was a considerable sinus under the skin; this was laid open, and dressed with poultices, black wash, a solution of caustic, &c. The sore, however, made no progress. The wax was employed, and in eight dressings the excavation was gone, and the sore perfectly healed.

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## CASE VI.

MARY W., ætat. 19.—This female had a sore of a similar character to the last, which would yield to none of the ordinary remedies. It was treated with the wax, and in thirteen days it was quite healed.

## CASE VII.

PATRICK WELSH was admitted into the St. Mary-le-bone Infirmary, Feb. 3, 1829, with a large Bubo in the right groin, which was opened two days after. Poul-tices were then applied during the follow-ing week, without the slightest advantage. The sinus, which extended three inches in length, was now laid open throughout, and then dressed with Ung. Resinæ Flavæ, Lotio Nigra, and Lotio Argenti Nitratis successively, without the slightest approach to a cure. The wax was then applied, and after three applications the sore altered in appearance, and in seventeen days was quite healed.

## CASE VIII.

**JOSEPH BANKS** came into the St. Mary-le-bone Infirmary Jan. 8, 1829, with a gonorrhœa, and a large swelling in the groin. The gonorrhœa was cured by the ordinary remedies, and the swelling suppurated. After the Bubo was laid completely open, it was poulticed for three or four days, and then dressed with the wax. On Feb. 20 he was discharged quite cured.

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For the two preceding cases I am indebted to Mr. Valentine, the House-surgeon of St. Mary-le-bone Infirmary ; and he informs me that twenty-three cases, under the care of Mr. C. Phillips, have been successfully treated by this method.

## SLOUGHING PHAGEDENA.

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### CASE I.

OCTOBER, 1828.—A female was admitted into St. Mary-le-bone Infirmary, with sloughing phagedena on the left thigh, immediately adjoining the vagina. The sore was about two inches in length, an inch and a half in breadth, and nearly an inch in depth; it was covered by a pulpy slough, approaching in colour to black, and was extending very rapidly, being at the same time extremely painful. The pulse was from 120 to 130; the skin hot; the tongue foul; and the patient very restless. A strong aqueous solution of opium

was constantly applied to the sore, and opium (from gr. i. to gr. iii.), combined with sudorifics, were administered internally every six hours. In four or five days the pain of the sore abated, and most of the slough was removed. There was still a little of it, however, remaining on its surface. The cavity, which was now in size about half the diameter of a hen's egg, was filled with the melted wax; and on its removal the surface of the sore was quite clean, the remaining slough having come away with the wax. The dressing was repeated at regular intervals, and in three weeks the wound was firmly healed.

## CASE II.

SARAH A., ætat. 28. Nov. 1, 1828.—

A patient in the St. Mary-le-bone Infirmary was the subject of the venereal disease about a twelvemonth ago, since which the secondary symptoms have made their appearance. She now has upon the left nates, between the verge of the anus and vagina, a deep phagedenic ulcer, which is large enough to admit of the introduction of a hen's egg. From her own account the sore first broke out about six weeks ago, and within this last ten days it has assumed its present character. It is covered by a dark brown sloughy matter, is extremely painful, and rapidly increasing in size. An aqueous solution of opium was constantly applied to the sore, and an opiate exhibited every six hours internally,

until the pain abated. In three days it was in such a state as to admit of the wax being used. With this plan of dressing it rapidly improved ; and on the day week the cavity would not have admitted a pigeon's egg. In three days more, from this time, the excavation was nearly filled up, and the sore was much contracted. The patient, however, became obstinate, and would not allow the wax to be used again, as, she said, it prevented the expulsion of the alvine excretions. The ulceration now receded, and the cavity became nearly as large as before. The treatment preceding the use of the wax was again resorted to ; and after the phagedenic character had ceased, the remedies commonly in use were employed ; but the sore was not healed by these means for nearly three months.

## CANCEROUS ULCERATION.

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ALTHOUGH the two following cases were ultimately unsuccessful, being of a cancerous nature, yet, as granulations were rapidly produced in both, and thus the ulceration was, for a time, prevented from extending itself into large arteries, I shall relate them, conceiving that there may possibly be some cases where the ravages of this dreadful disease may be, if not wholly, in a degree arrested by pursuing this plan.

### CASE I.

CHARLES DREWET, ætat. 35.—July, 1828.—This man (a chimney sweeper) has had what is termed a chimney sweeper's

cancer, on the scrotum, for this last three or four years, which he has neglected. Consequently, the inguinal glands of both thighs have partaken of the disease, and are greatly enlarged and indurated. The glands of the left are the most affected; and after having inflamed, ulceration of a cancerous nature has commenced, which, in the space of three or four weeks, has spread so rapidly, that the femoral artery and vein are now exposed, and the ulceration has extended beneath Poupart's ligament, so that the finger can be passed into the cavity of the pelvis, and the inguinal artery be felt pulsating beneath it. The extent and depth of the sore is at present so great, that it would with ease admit a pigeon's egg; and its cavity is constantly filled with a thin, dirty, foetid matter, which is usually mixed with more or less of venous blood; and so copious is this discharge, that, if the man stands up, it

will run down the thigh in a continued stream.

Every means have been employed to arrest the progress of the ulceration, without effect. The cavity, therefore, was filled with the melted wax, in the following manner : First, a piece of lint, as broad as the sore, was introduced beneath Poupart's ligament, to prevent the melted wax running into the cavity of the pelvis, and one end of it was left out, and turned back on the abdomen. The wax was then poured into the cavity of the sore, when at a proper heat, and allowed to cool. On the second day from its application the solid mass was removed, and it was found that the artery and vein were covered by granulations, and the cavity was less. These granulations, however, were of a cancerous nature. The discharge, also, was less, and there was no venous blood. The wound was again

dressed in the same manner, with the same result—granulations had considerably lessened the cavity. On taking away the third dressing the cavity was half filled up, and the discharge much diminished; on the fourth it was still lessened; and on the fifth the granulations were nearly equal with the surface. It was now necessary to leave off the wax, on account of a great deal of inflammation being present around the sore. The inguinal glands of the right thigh also began to ulcerate; the ulceration again receded in the left: at length the artery was exposed, and the man died from hæmorrhage.

## CASE II.

WM. WHEELER, ætat. 59.—July, 1828.—Immediately under the angle of the jaw, on the left side, there is, in this case, a tumor nearly as large as a swan's egg, and which consists of enlarged indurated glands. It first began to make its appearance about two or three years ago; and within this last eight months ulceration of a cancerous nature has taken place in it. At present the cavity is large enough to admit of a small orange, and the ulceration is increasing in depth; so that there is a danger of the carotid artery, or its branches, being exposed. For this reason, and as granulations were produced in Drewet's case by the application of the wax, it was also tried in this. The cavity of the sore, therefore, was filled with it, and, as it was prognosti-

cated, on its removal the ulceration had ceased; granulations, also, were on the surface of the sore. In four or five dressings the cavity was half filled up. At this time I was obliged to leave London on account of ill health; and on inquiry two months afterwards, I learnt that the patient had died from an attack of fever.

## SCROFULOUS ULCERS.

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### CASE I.

APRIL, 1828.—R. Macheal, ætat. 10, a boy of a strumous habit, has enlarged inguinal glands, which have suppurated, and an ulcer has arisen in consequence; this is about the size of a shilling, is of some depth, and has been open for about five months, without shewing the least disposition to heal. It discharges a sort of cheesy matter; and the sore is of a languid indolent character. The melted wax was used on April 3, and on its removal on the third day, the surface of the ulcer was much reddened; on taking away the second dressing it was covered by healthy granulations; and in a fortnight from the first application it was perfectly healed, with but little scar.

## CASE II.

MAY, 1828.—A girl in St. Mary-le-bone Infirmary had enlarged scrofulous glands on the right side of the neck, which had suppurated and left an indolent sore. This ulcer had been open for several months, and no remedy employed, either administered internally or used externally, had disposed it to heal. It was covered with the melted wax, which was applied at regular intervals; and in three weeks it was perfectly well.

## CASE III.

FEBRUARY 2, 1829.—Miss P., æt. 15.—

This young lady has a scrofulous sore immediately under the jaw on the right side, between the symphysis and the angle. This sore arose in consequence of an enlarged gland which had suppurated, and which had been in this state for more than two years. The present state of the sore is as follows : there is a small orifice which discharges an albuminous matter, mingled with a thin glary secretion ; a probe can be introduced through this opening ; and for about an inch around it the skin is of a deep red colour, and beneath it the part is hollow. No remedy as yet has in any way improved this sore, or disposed it to heal. I therefore laid open the hollow cavity with a bistoury, and filled it with

the melted wax. On the third day the sore presented a healthy surface, and the dressing was repeated. On its removal the wound was much contracted, and it was covered by healthy granulations. In a month the sore was healed, and with so little scar, that it was hardly perceptible.

## CASE IV.

FEBRUARY 14, 1829.—A boy, *ætat.* 15, of a strumous habit, has a scrofulous abscess in the left axilla, which has been discharging an albuminous matter through a small orifice in its centre for the last six months. For about an inch and a half around this opening the part beneath the skin is hollow, and from which run three sinuses. All these sinuses, and the excavation, were laid open with a bistoury; and after the pus upon the exposed surface had been absorbed, it was filled with the melted wax. On taking this away on the third day, the sore was covered by florid granulations; and even the flap which formed the roof of the cavity also presented the same appearance. The same dressing was repeated at regular inter-

vals ; and so rapidly did the healing process proceed, that, on the 29th of the same month, the sore was firmly cicatrized over. This patient is still in St. Mary-le-bone Infirmary, with enlarged scrofulous glands in the neck.

THE END.

